



PARAMEDIC INTERFACILITY TRANSPORT (PIFT)
PERMIT APPLICATION

Section I – Service Information

A. Service Name: _____ Service #: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

B. Business Telephone #: _____

C. E-Mail Address: _____

Section II – License or Permit Level – Please indicate the service's current license level.

_____ Permit to Paramedic _____ Licensed to Paramedic

Section III – PIFT Quality Assurance/Quality Improvement Plan- *Please include a written copy of the plan your service will use to review 100% of PIFT transports.*

Section IV – Service Medical Director- Please list the name, address, and phone number of the Maine licensed physician who will be serving as the Service Medical Director for all PIFT transports.

Name: _____ Business Telephone #: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

As the service medical director for _____, I agree to provide medical oversight of paramedic interfacility transports under the Maine EMS PIFT Program, including operational support, education, and 100% QA/QI of all PIFT transport reports and QA forms as required by Maine EMS and the MDPB.

Signature: _____ Date: _____

Section VII -- Service Representative Endorsement

I hereby certify: that the foregoing statements are correct and true to the best of my knowledge ; that the service is eligible for permit/authorization in accordance with the Maine EMS Rules and EMS Law (32 M.R.S.A. § § 81 *et seq*); the service possesses the required equipment as set forth in the Maine EMS Rules; and, that the personnel providing medical care on behalf of the service possess current and valid Maine EMS licenses to provide PIFT transports. The service requesting licensure understands that the Maine EMS systems Quality Assurance /Quality Improvement (QA/QI) process is an integral part of being a licensed Maine EMS service and agrees to participate in the Maine EMS QA/QI system in accordance with criteria approved and published by the Board, and further agrees that QA/QI information pertaining to the service may be shared amongst recognized participants within the Maine EMS QA/QI system. I request that the Maine EMS Board approve any changes indicated regarding the Service's Quality Assurance/Quality Improvement Committee (in accordance with 32 M.R.S.A. § §92-A *et seq*). I understand that making a false statement that I do not believe to be true on this application or knowingly creating or attempting to create a false impression by omitting information necessary to prevent this application from being misleading constitutes a criminal offense, and may be prosecuted as, among other offenses, unsworn falsification pursuant to 17-A M.R.S.A. § 453 (Class D) and may also result in disciplinary action against the service's license by Maine EMS.

Print Name: _____ Signature: _____ Date: _____

Please forward this completed application and a copy of your updated QA/QI plan to include provisions for 100% QA/QI of all PIFT transports to the Maine EMS office. Please call Maine EMS at 207-626-3860 if you have questions.

For Maine EMS Office
Use Only:

Rec'd MEMS:

- ☐ Logged
- ☐ Entered
- ☐ Flagged
- ☐ Issued
- ☐ Database
- ☐ Region
- ☐ Notified

Check # _____

Trans # _____

Expiration Date:

Comments:

